

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning

04/01/2010, and ending

03/31, 2011

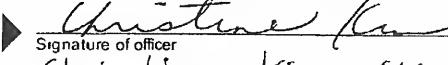
|   |  |  |
|---|--|--|
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE<br>Doing Business As<br>Number and street (or P O box if mail is not delivered to street address)<br>10 G STREET, N.E.<br>Room/suite<br>600<br>City or town, state or country, and ZIP + 4<br>WASHINGTON, DC 20002 | D Employer identification number<br>52-1312579   |
|   | E Telephone number<br>(202) 216-0420   | G Gross receipts \$ 45,174,174.  |
|   | F Name and address of principal officer<br>BARBARA KENNELLY<br>10 G STREET, NE WASHINGTON, DC 20002  | H(a) Is this a group return for affiliates?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>H(b) Are all affiliates included?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| I Tax-exempt status<br>501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (Insert no.) 4947(a)(1) or 527  | J Website: ► WWW.NCPSSM.ORG  | K Form of organization<br><input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1982 M State of legal domicile DC                             |

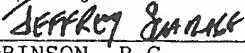
## Part I Summary

|   |     |  |                             |
|---|-----|--|-----------------------------|
| 1 Briefly describe the organization's mission or most significant activities<br>THE MISSION OF THE COMMITTEE IS TO PROTECT, PRESERVE, PROMOTE, AND ENSURE THE FINANCIAL SECURITY, HEALTH, AND THE WELL BEING OF CURRENT AND FUTURE GENERATIONS OF MATURING AMERICANS. |     |  |                             |
| 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |     |  |                             |
| 3 Number of voting members of the governing body (Part VI, line 1a)   | 3   | 11.                                      |                             |
| 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4   | 10.                                      |                             |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | 5   | 50.                                      |                             |
| 6 Total number of volunteers (estimate if necessary)  | 6   | 1,629.                                   |                             |
| 7a Total gross unrelated business revenue from Part VIII, column (C), line 1  | 7a  | 0.                                       |                             |
| b Net unrelated business taxable income from Form 990-T, line 34  | 7b  | 0.                                       |                             |
| 8 Contributions and grants (Part VIII, line 1h)   | 505 | Prior Year<br>26,896,444.                | Current Year<br>26,628,793. |
| 9 Program service revenue (Part VIII, line 2g)  |     | 0.                                       | 0.                          |
| 10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)   |     | 408,757.                                 | 509,840.                    |
| 11 Other revenue (Part VIII, column (A), lines 5, 6a, 8c, 9c, 10c, and 11e)   |     | 1,376,299.                               | 1,579,079.                  |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |     | 28,681,500.                              | 28,717,712.                 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |     | 0.                                       | 200,000.                    |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)  |     | 0.                                       | 0.                          |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |     | 4,867,298.                               | 4,727,304.                  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   |     | 127,204.                                 | 126,410.                    |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 1,528,773.  |     | -  | -                           |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   |     | 21,855,815.                              | 21,446,356.                 |
| 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)   |     | 26,850,317.                              | 26,500,070.                 |
| 19 Revenue less expenses Subtract line 18 from line 12  |     | 1,831,183.                               | 2,217,642.                  |
| 20 Total assets (Part X, line 16)   |     | Beginning of Current Year<br>25,357,259. | End of Year<br>27,787,680.  |
| 21 Total liabilities (Part X, line 26)  |     | 1,864,497.                               | 1,656,216.                  |
| 22 Net assets or fund balances Subtract line 21 from line 20  |     | 23,492,762.                              | 26,131,464.                 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

|  |                 |
|--|-----------------|
| Sign Here<br>► <br>Signature of officer | Date<br>7/27/11 |
| ► Christine Kim, Chief Financial Officer<br>Type or print name and title   |                 |

|                        |  |   |                |  |              |
|------------------------|--|---|----------------|--|--------------|
| Paid Preparer Use Only | Print/Type preparer's name<br>JEFFREY J. SCHRAGG                   | Preparer's signature<br> | Date<br>7/7/11 | Check if self-employed<br><input type="checkbox"/> | PTIN         |
|                        | Firm's name ► ARGY, WILTSE & ROBINSON, P.C.                        |   |                | Firm's EIN ►                                       |              |
|                        | Firm's address ► 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102 |   |                | Phone no   | 703-893-0600 |

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

JSA  
OE1010 10003  
q/b

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . .

X

1 Briefly describe the organization's mission:  
ATTACHMENT 1

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code: ) (Expenses \$ 10,766,553, including grants of \$ ) (Revenue \$ )

ATTACHMENT 2

**4b** (Code ) (Expenses \$ 6,149,077, including grants of \$ 200,000.) (Revenue \$ )

ATTACHMENT 3

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d Other program services (Describe in Schedule O)**

(Expenses \$  including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ► 16,915,630.**

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   | X   |    |
| 3   | X   |    |
| 4   |     |    |
| 5   | X   |    |
| 6   |     | X  |
| 7   |     | X  |
| 8   |     | X  |
| 9   |     | X  |
| 10  |     | X  |
| 11a | X   |    |
| 11b |     | X  |
| 11c |     | X  |
| 11d |     | X  |
| 11e | X   |    |
| 11f | X   |    |
| 12a |     | X  |
| 12b | X   |    |
| 13  |     | X  |
| 14a |     | X  |
| 14b |     | X  |
| 15  |     | X  |
| 16  |     | X  |
| 17  | X   |    |
| 18  |     | X  |
| 19  |     | X  |
| 20a |     | X  |
| 20b |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|     |  | Yes | No  |
|-----|--|-----|---|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .  | 21  | X   |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  | 22  | X   |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                         | 23  | X   |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . . | 24a | X   |
| 24b |  | 24b |   |
| 24c |  | 24c |   |
| 24d |  | 24d |   |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  | 25a | X   |
| 25b |  | 25b | X   |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .   | 26  | X   |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .               | 27  | X   |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   | 28a | X   |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  | 28b | X   |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   | 28c | X   |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .   | 29  | X   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 30  | X   |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .   | 31  | X   |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .   | 32  | X   |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .   | 33  | X   |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .   | 34  | X   |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .  | 35  | X   |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     |   |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .  |     |   |
|     |  |     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | 36  |   |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  | 37  | X   |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .  | 38  | X   |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. 

|  |  | Yes            | No      |
|--|--|----------------|---------|
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 1a<br>1b       | 10<br>0 |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   |                |         |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |                |         |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 2a             | 50      |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |                |         |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                |         |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  |                |         |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |                |         |
| b  | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  |                |         |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a<br>5b<br>5c | X<br>X  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |                |         |
| c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |                |         |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |                |         |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |                |         |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |                |         |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |                |         |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |                |         |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |                |         |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d             |         |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |                |         |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |                |         |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |                |         |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |                |         |
| 8  | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                |         |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |                |         |
| a  | Did the organization make any taxable distributions under section 4966?  |                |         |
| b  | Did the organization make a distribution to a donor, donor advisor, or related person?   |                |         |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |                |         |
| a  | Initiation fees and capital contributions included on Part VIII, line 12   | 10a            |         |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b            |         |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter   |                |         |
| a  | Gross income from members or shareholders  | 11a            |         |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 11b            |         |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |                |         |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b            |         |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |                |         |
| a  | Is the organization licensed to issue qualified health plans in more than one state?   |                |         |
| Note. See the instructions for additional information the organization must report on Schedule O |  |                |         |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b<br>13c     |         |
| c  | Enter the amount of reserves on hand   |                |         |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a            | X       |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b            |         |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . .

### Section A. Governing Body and Management

|    |   | Yes      | No |
|----|---|----------|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .   | 1a<br>11 |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b<br>10 |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2<br>X   |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3<br>X   |    |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4<br>X   |    |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5<br>X   |    |
| 6  | Does the organization have members or stockholders? . . . . .   | 6<br>X   |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | 7a<br>X  |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | 7b<br>X  |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   | 8a<br>X  |    |
| a  | The governing body? . . . . .   | 8b<br>X  |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .   | 9<br>X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        |          |    |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     | Yes  | No       |
|-----|--|----------|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .  | 10a<br>X |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .   | 10b<br>X |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .   | 11a<br>X |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   | 12a<br>X |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | 12b<br>X |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12c<br>X |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | 13<br>X  |
| 13  | Does the organization have a written whistleblower policy? . . . . .   | 14<br>X  |
| 14  | Does the organization have a written document retention and destruction policy? . . . . .  | 15a<br>X |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 15b<br>X |
| a   | The organization's CEO, Executive Director, or top management official . . . . .   | 16a<br>X |
| b   | Other officers or key employees of the organization . . . . .  | 16b<br>X |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )  |          |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |          |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |          |

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 4
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website    Another's website    Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE ORGANIZATION 10 G STREET, N.E. WASHINGTON, DC 20002  
(202) 216-0420

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
Check if Schedule O contains a response to any question in this Part VII. . . . . **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                                | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position (check all that apply) |                       |         |              |                     | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|--|-----------------------|---------|--------------|---------------------|---|---|--|
|  |  | Individual trustee<br>or director      | Institutional trustee | Officer | Key employee | Highest compensated |   |   |  |
| (1) BARBARA B. KENNELLY<br>PRESIDENT AND CEO         | 37.50  | X                                      |                       | X X     |              |                     | 376,092   | 0   | 51,258.  |
| (2) CARROLL L. ESTES<br>DIRECTOR/CHAIR               | 2.00   | X                                      |                       | X       |              |                     | 0   | 0   | 0.   |
| (3) SANDRA G. WAGENFELD<br>DIRECTOR/VICE CHAIR       | 2.00   | X                                      |                       | X       |              |                     | 0   | 0   | 0.   |
| (4) PATRICIA G. ARCHBOLD<br>DIRECTOR/SECRETARY       | 2.00   | X                                      |                       | X       |              |                     | 0   | 0   | 0.   |
| (5) SHELLY C. SHAPIRO<br>DIRECTOR/TREASURER          | 2.00   | X                                      |                       | X       |              |                     | 0   | 0   | 0.   |
| (6) MITCHELL T. KAPLAN<br>DIRECTOR                   | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (7) HANS REIMER<br>DIRECTOR                          | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (8) MAYA ROCKEYMOORE<br>DIRECTOR                     | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (9) CATHERINE L. DODD<br>DIRECTOR                    | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (10) WILLIAM K. VAUGHAN<br>DIRECTOR                  | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (11) PAUL NATHANSON<br>DIRECTOR                      | 2.00   | X                                      |                       |         |              |                     | 0   | 0   | 0.   |
| (12) MAX RICHTMAN<br>EXECUTIVE VICE PRESIDENT        | 37.50  |  |                       | X X     |              |                     | 281,414   | 0   | 37,262.  |
| (13) CHRISTINE KIM<br>TREASURER & CFO                | 37.50  |  |                       | X X     |              |                     | 187,912   | 0   | 20,368.  |
| (14) MARIA FREESE<br>DIRECTOR OF GOVT RELATIONS      | 37.50  |  |                       |         | X            |                     | 207,488   | 0   | 14,637.  |
| (15) DAVID KREAR<br>DIRECTOR OF MARKETING            | 37.50  |  |                       |         | X            |                     | 160,224   | 0   | 19,754.  |
| (16) SALANDRA FLEMING<br>DIRECTOR OF HUMAN RESOURCES | 37.50  |  |                       |         | X            |                     | 112,140   | 0   | 15,255.  |

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule O) | (C)<br>Position (check all that apply)                     |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---|---|--|---------|--------------|---------------------------------|--------|---|---|--|
|   |   | Or director<br>Individual trustee<br>Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |   |  |
| (17) SUE WARD<br>DIRECTOR OF GRASSROOTS                           | 37.50   |  |         | X            |                                 |        | 126,372.  | 0   | 7,741.   |
| (18) FRAN JOHNSON<br>DIRECTOR OF MEMBER RELATIONS                 | 37.50   |  |         | X            |                                 |        | 117,795.  | 0   | 17,391.  |
| (19)  |   |  |         |              |                                 |        |   |   |  |
| (20)  |   |  |         |              |                                 |        |   |   |  |
| (21)  |   |  |         |              |                                 |        |   |   |  |
| (22)  |   |  |         |              |                                 |        |   |   |  |
| (23)  |   |  |         |              |                                 |        |   |   |  |
| (24)  |   |  |         |              |                                 |        |   |   |  |
| (25)  |   |  |         |              |                                 |        |   |   |  |
| (26)  |   |  |         |              |                                 |        |   |   |  |
| (27)  |   |  |         |              |                                 |        |   |   |  |
| (28)  |   |  |         |              |                                 |        |   |   |  |
| 1b Sub-total . . . . .  |   |  |         |              |                                 |        | 1,569,437.  | 0   | 183,666.   |
| c Total from continuation sheets to Part VII, Section A . . . . . |   |  |         |              |                                 |        |   |   |  |
| d Total (add lines 1b and 1c) . . . . .                           |   |  |         |              |                                 |        | 1,569,437.  | 0   | 183,666.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 9

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 5                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4



**Part VIII Statement of Revenue**

|   |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|----------------|----------------------|--|---|---|
| Contributions, gifts, grants<br>and other similar amounts   |                |                      |  |   |   |
| 1a Federated campaigns . . . . .  | 1a             |                      |  |   |   |
| b Membership dues . . . . .   | 1b             | 26,628,793.          |  |   |   |
| c Fundraising events . . . . .  | 1c             |                      |  |   |   |
| d Related organizations . . . . .   | 1d             |                      |  |   |   |
| e Government grants (contributions) . .   | 1e             |                      |  |   |   |
| f All other contributions, gifts, grants,<br>and similar amounts not included above .   | 1f             | 0.                   |  |   |   |
| g Noncash contributions included in lines 1a-1f \$  |                |                      |  |   |   |
| h Total. Add lines 1a-1f . . . . . ►  |                | 26,628,793.          |  |   |   |
| Program Service Revenue   | Business Code  |                      |  |   |   |
| 2a  |                |                      |  |   |   |
| b   |                |                      |  |   |   |
| c   |                |                      |  |   |   |
| d   |                |                      |  |   |   |
| e   |                |                      |  |   |   |
| f All other program service revenue . . . . .   |                | 0.                   |  |   |   |
| g Total. Add lines 2a-2f . . . . . ►  |                | 0.                   |  |   |   |
| Other Revenue   |                |                      |  |   |   |
| 3 Investment income (including dividends, interest, and<br>other similar amounts). . . . . ►  |                | 425,723.             |  |   | 425,723   |
| 4 Income from investment of tax-exempt bond proceeds . . . . . ►  |                | 0.                   |  |   |   |
| 5 Royalties . . . . .   |                | 1,579,079.           |  |   | 1,579,079.  |
| 6a Gross Rents . . . . .  | (i) Real       |                      |  |   |   |
| b Less rental expenses . . . . .  | (ii) Personal  |                      |  |   |   |
| c Rental income or (loss) . . . . .   |                |                      |  |   |   |
| d Net rental income or (loss) . . . . .   |                | 0.                   |  |   |   |
| 7a Gross amount from sales of<br>assets other than inventory . . . . .  | (i) Securities |                      |  |   |   |
| b Less cost or other basis<br>and sales expenses . . . . .  | (ii) Other     | 16,540,579.          | 0.   |   |   |
| c Gain or (loss) . . . . .  |                | 16,456,242.          | 220.   |   |   |
| d Net gain or (loss) . . . . .  |                | 84,337.              | -220.  |   |   |
|   |                |                      |  | 84,117                                  | 84,117  |
| 8a Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . a |                |                      |  |   |   |
| b Less direct expenses . . . . . b  |                |                      |  |   |   |
| c Net income or (loss) from fundraising events . . . . . ►  |                | 0.                   |  |   |   |
| 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |                |                      |  |   |   |
| b Less direct expenses . . . . . b  |                |                      |  |   |   |
| c Net income or (loss) from gaming activities . . . . . ►   |                | 0.                   |  |   |   |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . . a  |                |                      |  |   |   |
| b Less cost of goods sold . . . . . b   |                |                      |  |   |   |
| c Net income or (loss) from sales of inventory. . . . . ►   |                | 0.                   |  |   |   |
| Miscellaneous Revenue   | Business Code  |                      |  |   |   |
| 11a   |                |                      |  |   |   |
| b   |                |                      |  |   |   |
| c   |                |                      |  |   |   |
| d All other revenue . . . . .   |                |                      |  |   |   |
| e Total. Add lines 11a-11d . . . . . ►  |                | 0                    |  |   |   |
| 12 Total revenue. See instructions . . . . . ►  |                | 28,717,712.          |  |   | 2,088,919.  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .  | 200,000.              | 200,000.                           |   |                                |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .  | 0.                    |                                    |   |                                |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                    |   |                                |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                    |   |                                |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 954,306.              | 717,399.                           | 219,296.                                  | 17,611.                        |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                    |   |                                |
| 7 Other salaries and wages . . . . .   | 2,985,271.            | 1,842,341.                         | 1,079,638.                                | 63,292.                        |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 165,198.              | 102,865.                           | 58,802.                                   | 3,531.                         |
| 9 Other employee benefits . . . . .  | 366,986.              | 206,368.                           | 153,783.                                  | 6,835.                         |
| 10 Payroll taxes . . . . .   | 255,543.              | 163,579.                           | 86,784.                                   | 5,180.                         |
| 11 Fees for services (non-employees)   |                       |                                    |   |                                |
| a Management . . . . .   | 0.                    |                                    |   |                                |
| b Legal . . . . .  | 66,060.               | 47,786.                            | 17,136.                                   | 1,138.                         |
| c Accounting . . . . .   | 49,589.               | 32,290.                            | 16,493.                                   | 806.                           |
| d Lobbying . . . . .   | 0.                    |                                    |   |                                |
| e Professional fundraising services See Part IV, line 17   | 126,410.              |                                    |   | 126,410.                       |
| f Investment management fees . . . . .   | 93,649.               | 60,979.                            | 31,148.                                   | 1,522.                         |
| g Other . . . . .  | 691,787.              | 479,498.                           | 198,233.                                  | 14,056.                        |
| 12 Advertising and promotion . . . . .   | 273,085.              | 132,687.                           | 140,311.                                  | 87.                            |
| 13 Office expenses . . . . .   | 810,474.              | 189,407.                           | 116,314.                                  | 4,753.                         |
| 14 Information technology . . . . .  | 0.                    |                                    |   |                                |
| 15 Royalties . . . . .   | 0.                    |                                    |   |                                |
| 16 Occupancy . . . . .   | 842,632.              | 548,674.                           | 280,265.                                  | 13,693.                        |
| 17 Travel . . . . .  | 180,346.              | 126,733.                           | 52,731.                                   | 882.                           |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                    |   |                                |
| 19 Conferences, conventions, and meetings . . . . .  | 0.                    |                                    |   |                                |
| 20 Interest . . . . .  | 0.                    |                                    |   |                                |
| 21 Payments to affiliates . . . . .  | 0.                    |                                    |   |                                |
| 22 Depreciation, depletion, and amortization . . . . .   | 104,478.              | 68,030.                            | 34,750.                                   | 1,698.                         |
| 23 Insurance . . . . .   | 69,248.               | 45,090.                            | 23,033.                                   | 1,125.                         |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)  |                       |                                    |   |                                |
| a PUBLICATIONS & DIRECT MAIL   | 18,360,433.           | 11,679,877.                        | 5,421,846.                                | 1,258,710.                     |
| b DUES & SUBSCRIPTIONS   | 146,342.              | 99,436.                            | 43,687.                                   | 3,219.                         |
| c BANK SERVICE FEES  | 125,743.              | 81,877.                            | 41,823.                                   | 2,043.                         |
| d SPECIAL PROJECTS & EVENTS  | 65,575.               | 49,655.                            | 14,993.                                   | 927.                           |
| e TEMPORARY HELP   | 22,233.               | 11,709.                            | 10,429.                                   | 95.                            |
| f All other expenses   | 44,682.               | 29,350.                            | 14,172.                                   | 1,160.                         |
| 25 Total functional expenses. Add lines 1 through 24f  | 26,500,070.           | 16,915,630.                        | 8,055,667.                                | 1,528,773.                     |
| 26 Joint Costs Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . | 17,325,134.           | 11,303,017.                        | 5,397,797.                                | 624,320.                       |

## Part X Balance Sheet

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing . . . . .   | 500.                     | 1           | 500.               |
|   | 2 Savings and temporary cash investments . . . . .  | 5,705,759.               | 2           | 7,497,077.         |
|   | 3 Pledges and grants receivable, net . . . . .  |                          | 3           |                    |
|   | 4 Accounts receivable, net . . . . .  | 388,836.                 | 4           | 594,984.           |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | 5           |                    |
|   | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |                          | 6           |                    |
|   | 7 Notes and loans receivable, net . . . . .   |                          | 7           |                    |
|   | 8 Inventories for sale or use . . . . .   |                          | 8           |                    |
|   | 9 Prepaid expenses and deferred charges . . . . .   | 321,905.                 | 9           | 345,424.           |
|   | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a 1,526,052.           |             |                    |
|   | b Less accumulated depreciation . . . . .   | 10b 1,296,925.           | 264,907.    | 10c 229,127.       |
|   | 11 Investments - publicly traded securities . . . . .   | ATCH 6.                  | 18,363,126. | 11 18,825,490.     |
|   | 12 Investments - other securities See Part IV, line 11 . . . . .  |                          | 12          |                    |
|   | 13 Investments - program-related. See Part IV, line 11 . . . . .  |                          | 13          |                    |
|   | 14 Intangible assets . . . . .  |                          | 14          |                    |
|   | 15 Other assets See Part IV, line 11 . . . . .  | 312,226.                 | 15          | 295,078.           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 25,357,259.   | 16                       | 27,787,680. |                    |
| <i>100% 17022</i>   |   |                          |             |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses . . . . .  | 888,484.                 | 17          | 687,467.           |
|   | 18 Grants payable . . . . .   |                          | 18          |                    |
|   | 19 Deferred revenue . . . . .   |                          | 19          |                    |
|   | 20 Tax-exempt bond liabilities . . . . .  |                          | 20          |                    |
|   | 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   |                          | 21          |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |                          | 22          |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | 23          |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | 24          |                    |
|   | 25 Other liabilities Complete Part X of Schedule D . . . . .  | 976,013.                 | 25          | 968,749.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 1,864,497.               | 26          | 1,656,216.         |
| <i>100% 17022</i>   |   |                          |             |                    |
| <b>Net Assets or Fund Balances</b>  | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |             |                    |
|   | 27 Unrestricted net assets . . . . .  | 23,492,762.              | 27          | 26,131,464.        |
|   | 28 Temporarily restricted net assets . . . . .  |                          | 28          |                    |
|   | 29 Permanently restricted net assets . . . . .  |                          | 29          |                    |
|   | Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.  |                          |             |                    |
|   | 30 Capital stock or trust principal, or current funds . . . . .   |                          | 30          |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | 31          |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | 32          |                    |
|   | 33 Total net assets or fund balances . . . . .  | 23,492,762.              | 33          | 26,131,464.        |
|   | 34 Total liabilities and net assets/fund balances . . . . .   | 25,357,259.              | 34          | 27,787,680.        |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI . . . . . 

|  |   |             |
|--|---|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .  | 1 | 28,717,712. |
| 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .   | 2 | 26,500,070. |
| 3 Revenue less expenses. Subtract line 2 from line 1 . . . . .   | 3 | 2,217,642.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | 4 | 23,492,762. |
| 5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 5 | 421,060.    |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 26,131,464. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII . . . . . 

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? . . . . .  | 2b  | X  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c  | X  |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                             |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   | 3a  | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | 3b  |    |

Form 990 (2010)

**SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                      |   |                                |
|----------------------|---|--------------------------------|
| Name of organization | NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE | Employer identification number |
|                      |   | 52-1312579                     |

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures . . . . . ► \$ \_\_\_\_\_
- 3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► \$ 18,360.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ► \$ 18,360.
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

JSA  
0E1264 0 040

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ►  if the filing organization belongs to an affiliated group.B Check ►  if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  
 b Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  
 c Total lobbying expenditures (add lines 1a and 1b) . . . . .  
 d Other exempt purpose expenditures . . . . .  
 e Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  
 f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

g Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  
 h Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  
 i Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  
 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2 a Lobbying nontaxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column (e))   | 1000     |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|   | (a) | (b) |        |
|---|-----|-----|--------|
|   | Yes | No  | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |     |        |
| a Volunteers?   |     |     |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |     |        |
| c Media advertisements?   |     |     |        |
| d Mailings to members, legislators, or the public?  |     |     |        |
| e Publications, or published or broadcast statements?   |     |     |        |
| f Grants to other organizations for lobbying purposes?  |     |     |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |     |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     |     |        |
| i Other activities? If "Yes," describe in Part IV   |     |     |        |
| j Total. Add lines 1c through 1i  |     |     |        |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |     |        |
| b If "Yes," enter the amount of any tax incurred under section 4912   |     |     |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |     |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |     |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

**1** Were substantially all (90% or more) dues received nondeductible by members? . . . . .  
**2** Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .  
**3** Did the organization agree to carryover lobbying and political expenditures from the prior year? . . . . .

|   | Yes | No |
|---|-----|----|
| 1 | X   |    |
| 2 |     | X  |
| 3 |     | X  |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

**1** Dues, assessments and similar amounts from members . . . . .  
**2** Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  
a Current year . . . . .  
b Carryover from last year . . . . .  
c Total . . . . .  
**3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .  
**4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .  
**5** Taxable amount of lobbying and political expenditures (see instructions) . . . . .

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

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52-1312579

Schedule C (Form 990 or 990-EZ) 2010

Page 4

**Part IV** Supplemental Information (continued)

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Schedule C (Form 990 or 990-EZ) 2010

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE**Employer identification number  
**52-1312579****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds  | (b) Funds and other accounts    |
|---|--------------------------|---------------------------------|
| 1 Total number at end of year . . . . .   |                          |                                 |
| 2 Aggregate contributions to (during year) . . . . .  |                          |                                 |
| 3 Aggregate grants from (during year) . . . . .   |                          |                                 |
| 4 Aggregate value at end of year . . . . .  |                          |                                 |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

## 1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| a  | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |

a Total number of conservation easements . . . . .  
b Total acreage restricted by conservation easements . . . . .  
c Number of conservation easements on a certified historic structure included in (a) . . . . .  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. . . . .  
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_  
4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_  
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No  
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► \_\_\_\_\_  
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_  
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No  
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items  
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  
(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_  
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  
a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

|                            |                                     |                            |                           |
|----------------------------|-------------------------------------|----------------------------|---------------------------|
| a <input type="checkbox"/> | Public exhibition                   | d <input type="checkbox"/> | Loan or exchange programs |
| b <input type="checkbox"/> | Scholarly research                  | e <input type="checkbox"/> | Other                     |
| c <input type="checkbox"/> | Preservation for future generations |                            |                           |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

| Yes    | No |
|--------|----|
| 3a(i)  |    |
| 3a(ii) |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      |                                 |                              |                |
| b Buildings               |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 62,023                          | 62,023                       | 0              |
| d Equipment               |                                      | 802,195                         | 594,924                      | 207,271        |
| e Other                   |                                      | 661,834                         | 639,978                      | 21,856         |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ► 229,127.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives . . . . .                                     |                |   |
| (2) Closely-held equity interests . . . . .                             |                |   |
| (3) Other . . . . .   |                |   |
| (A) . . . . .   |                |   |
| (B) . . . . .   |                |   |
| (C) . . . . .   |                |   |
| (D) . . . . .   |                |   |
| (E) . . . . .   |                |   |
| (F) . . . . .   |                |   |
| (G) . . . . .   |                |   |
| (H) . . . . .   |                |   |
| (I) . . . . .   |                |   |

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|------------------------------------|----------------|---|
| (1)                                |                |   |
| (2)                                |                |   |
| (3)                                |                |   |
| (4)                                |                |   |
| (5)                                |                |   |
| (6)                                |                |   |
| (7)                                |                |   |
| (8)                                |                |   |
| (9)                                |                |   |
| (10)                               |                |   |

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| (10)            |                |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---------------------------------|------------|
| (1) Federal income taxes        |            |
| (2) DEFERRED RENT               | 866,297.   |
| (3) DEFERRED COMPENSATION       | 102,452.   |
| (4)                             |            |
| (5)                             |            |
| (6)                             |            |
| (7)                             |            |
| (8)                             |            |
| (9)                             |            |
| (10)                            |            |
| (11)                            |            |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 968,749.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |   |    |             |
|----|---|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .                                | 1  | 28,717,712. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25) . . . . .                                 | 2  | 26,500,070. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .                           | 3  | 2,217,642.  |
| 4  | Net unrealized gains (losses) on investments . . . . .  | 4  | 421,060.    |
| 5  | Donated services and use of facilities . . . . .  | 5  |             |
| 6  | Investment expenses . . . . .   | 6  |             |
| 7  | Prior period adjustments . . . . .  | 7  |             |
| 8  | Other (Describe in Part XIV.) . . . . .   | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8 . . . . .  | 9  | 421,060.    |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . . | 10 | 2,638,702.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |  |    |             |
|---|--|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . . | 1  | 29,138,772. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                 |    |             |
| a | Net unrealized gains on investments . . . . .                                      | 2a | 421,060.    |
| b | Donated services and use of facilities . . . . .                                   | 2b |             |
| c | Recoveries of prior year grants . . . . .  | 2c |             |
| d | Other (Describe in Part XIV.) . . . . .  | 2d |             |
| e | Add lines 2a through 2d . . . . .  | 2e | 421,060.    |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 28,717,712. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |             |
| b | Other (Describe in Part XIV.) . . . . .  | 4b |             |
| c | Add lines 4a and 4b . . . . .  | 4c |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)     | 5  | 28,717,712. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .            | 1  | 26,500,070. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                |    |             |
| a | Donated services and use of facilities . . . . .                                | 2a |             |
| b | Prior year adjustments . . . . .  | 2b |             |
| c | Other losses . . . . .  | 2c |             |
| d | Other (Describe in Part XIV.) . . . . .   | 2d |             |
| e | Add lines 2a through 2d . . . . .   | 2e |             |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 26,500,070. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1               |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.) . . . . .   | 4b |             |
| c | Add lines 4a and 4b . . . . .   | 4c |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  | 26,500,070. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ASC 740 FOOTNOTE

SCHEDULE D, PART X, LINE 2

IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY  
IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD  
(FASB), MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS  
CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT  
REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE  
PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO  
LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR  
LOCAL TAX AUTHORITIES FOR YEARS ENDED MARCH 31, 2007 AND PRIOR.

100777022

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2010**Open To Public  
Inspection
 Name of the organization **NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE** Employer identification number **52-1312579**

 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 ► Attach to Form 990 or Form 990-EZ. ► See separate Instructions

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

|  |  |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations                         | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations                     |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity     | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|-------------------|--|----|-----------------------------------|--|---|
| BURCH MUNFORD DIRECT<br>SEE SCHEDULE O                    | SEE<br>SCHEDULE O | Yes  | No | 1,685,904.                        |  |   |
|   |                   |  | X  |                                   |  |   |
| 2   |                   |  |    |                                   |  |   |
| 3   |                   |  |    |                                   |  |   |
| 4   |                   |  |    |                                   |  |   |
| 5   |                   |  |    |                                   |  |   |
| 6   |                   |  |    |                                   |  |   |
| 7   |                   |  |    |                                   |  |   |
| 8   |                   |  |    |                                   |  |   |
| 9   |                   |  |    |                                   |  |   |
| 10  |                   |  |    |                                   |  |   |
| Total . . . . . ►   |                   |  |    | 1,685,904.                        |  |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AZ, AR, CT, DC, FL, GA, IL,

KS, KY, ME, MD, MA, MN, MS, MT, NH, NJ, NY, NC, OH,

OK, OR, PA, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 | (a) Event #1<br>(event type)   | (b) Event #2<br>(event type) | (c) Other Events<br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|-----------------|--|------------------------------|------------------------------------|---|
|                 |  |                              |                                    |   |
| Revenue         | 1 Gross receipts . . . . .   |                              |                                    |   |
|                 | 2 Less Charitable contributions . . . . .                                |                              |                                    |   |
|                 | 3 Gross income (line 1 minus line 2). . . . .                            |                              |                                    |   |
| Direct Expenses | 4 Cash prizes . . . . .  |                              |                                    |   |
|                 | 5 Noncash prizes . . . . .   |                              |                                    |   |
|                 | 6 Rent/facility costs . . . . .  |                              |                                    |   |
|                 | 7 Food and beverages . . . . .   |                              |                                    |   |
|                 | 8 Entertainment . . . . .  |                              |                                    |   |
|                 | 9 Other direct expenses . . . . .  |                              |                                    |   |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                              |                                    | ► ( )   |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |                              |                                    | ► ( )   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|-------------------------|--|
|                 |   |   |                         |  |
| Revenue         | 1 Gross revenue . . . . .   |   |                         |  |
| Direct Expenses | 2 Cash prizes . . . . .   |   |                         |  |
|                 | 3 Noncash prizes . . . . .  |   |                         |  |
|                 | 4 Rent/facility costs . . . . .   |   |                         |  |
|                 | 5 Other direct expenses . . . . .   |   |                         |  |
|                 | 6 Volunteer labor . . . . .   | Yes _____ %<br>No _____                       | Yes _____ %<br>No _____ | Yes _____ %<br>No _____                        |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |   |                         | ► ( )  |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |   |                         | ► ( )  |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity operated in:

|   |     |   |
|---|-----|---|
| a The organization's facility . . . . . | 13a | % |
| b An outside facility . . . . .         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

 Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Department of the Treasury  
Internal Revenue ServiceName of the organization  
**NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▲

| 1 (a) Name and address of organization or government                       | 2 (b) EIN  | 3 (c)IRC section if applicable | 4 (d) Amount of cash grant | 5 (e) Amount of non-cash assistance | 6 (f) Method of valuation (book, FMV, appraisal, other) | 7 (g) Description of non-cash assistance | 8 (h) Purpose of grant or assistance |
|--|------------|--------------------------------|----------------------------|-------------------------------------|---|--|--------------------------------------|
| (1) NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE FOUNDATION | 20-8742654 | 501 (C) (3)                    | 100717000.000              |                                     |   |  | EDUCATION                            |
| (2)  |            |                                |                            |                                     |   |  |                                      |
| (3)  |            |                                |                            |                                     |   |  |                                      |
| (4)  |            |                                |                            |                                     |   |  |                                      |
| (5)  |            |                                |                            |                                     |   |  |                                      |
| (6)  |            |                                |                            |                                     |   |  |                                      |
| (7)  |            |                                |                            |                                     |   |  |                                      |
| (8)  |            |                                |                            |                                     |   |  |                                      |
| (9)  |            |                                |                            |                                     |   |  |                                      |
| (10)   |            |                                |                            |                                     |   |  |                                      |
| (11)   |            |                                |                            |                                     |   |  |                                      |
| (12)   |            |                                |                            |                                     |   |  |                                      |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA  
0E1288 2 000

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OMB No. 1545-0047

**2010****Open to Public  
Inspection**

Employer identification number

52-1312579

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

**Schedule I (Form 990) (2010)**

1.

▲

▲

▲

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 |                                 |                          |                          |                                   |   |  |
| 2 |                                 |                          |                          |                                   |   |  |
| 3 |                                 |                          |                          |                                   |   |  |
| 4 |                                 |                          |                          |                                   |   |  |
| 5 |                                 |                          |                          |                                   |   |  |
| 6 |                                 |                          |                          |                                   |   |  |
| 7 |                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

12/20/0777022

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization : NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE

Employer identification number  
52-1312579**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

|                                     |   |                          |   |
|-------------------------------------|---|--------------------------|---|
| <input type="checkbox"/>            | First-class or charter travel             | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/>            | Travel for companions                     | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/>            | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees   |
| <input checked="" type="checkbox"/> | Discretionary spending account            | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

|                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | Compensation committee              | <input checked="" type="checkbox"/> | Written employment contract                     |
| <input checked="" type="checkbox"/> | Independent compensation consultant | <input type="checkbox"/>            | Compensation survey or study                    |
| <input type="checkbox"/>            | Form 990 of other organizations     | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization? . . . . .  
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
 c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization? . . . . .  
 b Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization? . . . . .  
 b Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|    | Yes | No |
|----|-----|----|
| 1b | X   |    |
| 2  | X   |    |
| 4a |     | X  |
| 4b | X   |    |
| 4c | X   |    |
| 5a | X   |    |
| 5b | X   |    |
| 6a |     | X  |
| 6b | X   |    |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name              | (B) Breakdown of (W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                       | (i) Base compensation                               | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 BARBARA B. KENNELLY | (i) 376,092.<br>(ii) 0.                             | 0.                                  | 0.                                  | 49,700.<br>0.                                  | 1,558.<br>0.            | 427,350.<br>0.                  |  |
| 2 MAX RICHTMAN        | (i) 281,414.<br>(ii) 0.                             | 0.                                  | 0.                                  | 14,700.<br>0.                                  | 22,562.<br>0.           | 318,676.<br>0.                  |  |
| 3 CHRISTINE KIM       | (i) 187,912.<br>(ii) 0.                             | 0.                                  | 0.                                  | 11,824.<br>0.                                  | 8,544.<br>0.            | 208,280.<br>0.                  |  |
| 4 MARIA FREESE        | (i) 207,488.<br>(ii) 0.                             | 0.                                  | 0.                                  | 12,746.<br>0.                                  | 1,891.<br>0.            | 222,125.<br>0.                  |  |
| 5 DAVID KREAR         | (i) 160,224.<br>(ii) 0.                             | 0.                                  | 0.                                  | 9,834.<br>0.                                   | 9,920.<br>0.            | 179,978.<br>0.                  |  |
| 6                     |   |                                     |                                     |  |                         |                                 |  |
| 7                     |   |                                     |                                     |  |                         |                                 |  |
| 8                     |   |                                     |                                     |  |                         |                                 |  |
| 9                     |   |                                     |                                     |  |                         |                                 |  |
| 10                    |   |                                     |                                     |  |                         |                                 |  |
| 11                    |   |                                     |                                     |  |                         |                                 |  |
| 12                    |   |                                     |                                     |  |                         |                                 |  |
| 13                    |   |                                     |                                     |  |                         |                                 |  |
| 14                    |   |                                     |                                     |  |                         |                                 |  |
| 15                    |   |                                     |                                     |  |                         |                                 |  |
| 16                    |   |                                     |                                     |  |                         |                                 |  |

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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

PERSONS THAT PARTICIPATED IN, OR RECEIVED PAYMENT FROM A NONQUALIFIED

RETIREMENT PLAN- SCHEDULE J, PART I, LINE 4B

NCPSSM CONTRIBUTES \$35,000 TOWARD BARBARA KENNELLY'S SECTION 457 (F) PLAN  
EACH YEAR. THIS AMOUNT IS REPORTED AS DEFERRED COMPENSATION ON FORM 990.

100777022

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
NATIONAL COMMITTEE TO PRESERVE SOCIAL  
SECURITY AND MEDICARE

Employer identification number  
52-1312579

### PROCESS TO REVIEW 990

FORM 990, PART VI, SECTION B, QUESTION 11A

A DRAFT OF THE FEDERAL FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW  
BEFORE FINALIZING THE RETURN.

### PROCESS OF MONITORING AND ENFORCING CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

A WRITTEN POLICY FORM IS PROVIDED TO BOARD MEMBERS ANNUALLY FOR SIGNATURE  
AND TO DISCLOSE ANY CONFLICTS OF INTEREST.

### PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, QUESTION 15B

THE PROCESS OF DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO  
INCLUDES A REVIEW BY THE EXECUTIVE COMMITTEE AND AN APPROVAL BY THE  
BOARD. AN INDEPENDENT COMPENSATION STUDY WAS CONDUCTED IN 2005 TO SET A  
BASE SALARY RANGE FOR THE CEO POSITION TO ENSURE THAT THE COMPENSATION IS  
REASONABLE AND CONSISTENT WITH THOSE OF COMPARABLE ORGANIZATIONS. THE  
STUDY INCLUDED BASE SALARY PROJECTIONS THROUGH 2009. CURRENT  
COMPENSATION IS IN LINE WITH THE COMPENSATION STUDY PROJECTION. STAFF  
AND KEY EMPLOYEES OF THE ORGANIZATION ARE EVALUATED ANNUALLY AND MERIT  
PERFORMANCES ARE RATED ON A POINT SYSTEM AND DOCUMENTED ON THE  
ORGANIZATION'S PERFORMANCE APPRAISAL FORM. A RANGE OF PERCENTAGE OF  
SALARY INCREASES ARE SET BY THE ORGANIZATION BASED ON PERFORMANCE RATING  
POINTS. THE SALARY INCREASES ARE GIVEN BASED ON RANGE OF INCREASES

|  |  |
|--|--|
| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL<br>SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
|--|--|

APPLICABLE TO INDIVIDUAL PERFORMANCE EVALUATION POINTS. A SALARY SURVEY  
IS CONDUCTED EVERY 18 MONTHS FOR MARKET COMPARABILITY.

HOW THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AVAILABLE TO PUBLIC  
FORM 990, PART VI, SECTION C, QUESTION 19  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE G

SCHEDULE G, PART I, LINE 2(B)(2)

THE NATIONAL COMMITTEE HAS A WRITTEN AGREEMENT WITH BURCH MUNFORD DIRECT  
AS A PROFESSIONAL FUNDRAISING CONSULTANT TO PROVIDE ADVICE AND  
CONSULTATION TO THE NATIONAL COMMITTEE'S SOLICITATIONS AND DIRECT MAIL  
ACTIVITIES. BURCH MUNFORD DIRECT IS COMPENSATED UNDER A FIXED FEE THAT  
IS NOT BASED ON THE AMOUNT OF FUNDS RAISED.

*100-717632*  
ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE COMMITTEE HAS TWO PRIMARY PURPOSES: (A) BRINGING ABOUT CIVIC  
BETTERMENT AND SOCIAL IMPROVEMENT, AND PROMOTING THE COMMON GOOD AND  
GENERAL WELFARE OF THE PEOPLE BY SUPPORTING THE CONTINUATION OF THE  
AMERICAN SOCIAL SECURITY AND MEDICARE SYSTEMS AND WORKING TO MAINTAIN  
THE INTEGRITY OF THE FEDERAL OLD AGE AND SURVIVORS, DISABILITY AND  
HOSPITAL TRUST FUNDS; AND (B) EDUCATING THE PUBLIC ON SUBJECTS  
BENEFICIAL TO THE COMMUNITY INCLUDING THE IMPORTANCE OF AMERICA'S  
SOCIAL SECURITY SYSTEM.

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE | Employer identification number | 52-1312579 |
|--------------------------|---|--------------------------------|------------|

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LEGISLATION -

DURING THE PERIOD COVERED BY THIS REPORT, THE NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE (THE NATIONAL COMMITTEE) CONTINUED TO BE RECOGNIZED AS A PREMIER ADVOCATE FOR THE ECONOMIC AND HEALTH SECURITY OF OLDER AMERICANS, FOR BOTH TODAY'S RETIREES AND FOR FUTURE GENERATIONS.

THE HISTORICALLY HIGH FEDERAL DEFICIT, COMBINED WITH PROJECTIONS OF FUTURE FEDERAL DEBT, HAVE CREATED A POLITICAL ATMOSPHERE IN WHICH ENTITLEMENT PROGRAMS, ESPECIALLY SOCIAL SECURITY, MEDICARE AND MEDICAID HAVE COME UNDER INTENSE SCRUTINY FOR THEIR IMPACT ON THE FEDERAL BUDGET. IN LIGHT OF THE STEADFAST OPPOSITION BY CONSERVATIVES BOTH ON AND OFF CAPITOL HILL TO REVENUE INCREASES OF ANY KIND, POLITICAL PRESSURE TO ~~REDUCE~~ <sup>RETHINK</sup> THE SIZE OF THESE PROGRAMS PRIMARILY OR ENTIRELY THROUGH BENEFIT CUTS HAS MOUNTED. THIS COMES DESPITE THE MODEST NATURE OF THESE BENEFITS - WHERE THE AVERAGE SOCIAL SECURITY BENEFIT TOTALS ABOUT \$14,000 A YEAR AND ROUGHLY 30% OF IT ALREADY IS DEDICATED TOWARD HEALTH CARE OUT-OF-POCKET COSTS.

THE NATIONAL COMMITTEE PERCEIVED SOCIAL SECURITY TO BE FACING THE HIGHEST LEVEL OF THREAT, SO OUR ACTIVITIES DURING THE REPORTING PERIOD WERE FOCUSED ON EDUCATING LEGISLATORS OF THE IMPORTANCE OF THE PROGRAM AND THE ESSENTIAL NATURE OF THE BENEFITS PROVIDED. WE BEGAN THE INITIATIVE BY CONDUCTING EXTENSIVE POLLING AND FOCUS

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| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL<br>SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
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ATTACHMENT 2 (CONT'D)

GROUP TESTING TO DETERMINE ATTITUDES OF THE AMERICAN PUBLIC ON  
SOCIAL SECURITY - ESPECIALLY TESTING WHETHER CONCERN ABOUT THE  
DEFICIT MIGHT HAVE UNDERMINED AMERICAN'S TRADITIONAL SUPPORT FOR  
THE PROGRAM.

WE DISCOVERED THE EXACT OPPOSITE WAS TRUE: AMERICANS DO NOT  
BELIEVE SOCIAL SECURITY WAS RESPONSIBLE FOR THE DEFICIT AND  
STRONGLY OPPOSE BENEFIT CUTS EITHER FOR TODAY'S BENEFICIARIES OR  
FOR THOSE IN THE FUTURE. IN FACT THE RECESSION HAS SERVED TO  
SOLIDIFY THE PUBLIC'S BELIEF THAT THEY WOULD NEED SOCIAL SECURITY  
AND THAT IT SHOULD NOT BE CUT.

THE NATIONAL COMMITTEE TOOK THESE POLLING RESULTS PUBLIC, AND  
SPENT SIGNIFICANT TIME AND MANPOWER EDUCATING THE PRESS AND  
LEGISLATORS ABOUT THE VIEWS OF THE AMERICAN PEOPLE. AS A RESULT  
OF INTENSE ADVOCACY AND EDUCATION, BOTH BY THE ORGANIZATION  
STANDING ALONE AND AS PART OF VARIOUS COALITIONS OF LIKE-MINDED  
ORGANIZATIONS, CONGRESS APPEARS TO BE LARGELY PERSUADED NOT TO CUT  
SOCIAL SECURITY FOR DEFICIT REDUCTION - AT LEAST FOR THE TIME  
BEING. CUTS TO THE PROGRAM THROUGH INDIRECT MEANS SUCH AS FEDERAL  
SPENDING CAPS REMAINS A SIGNIFICANT CONCERN.

IN ADDITION TO OUR FOCUS ON SOCIAL SECURITY, THE NATIONAL  
COMMITTEE CONTINUED ITS EDUCATION CAMPAIGN TO EXPLAIN TO SENIORS  
THE MANY IMPROVEMENTS TO MEDICARE THAT WERE INCLUDED IN THE

|   |  |
|---|--|
| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
|---|--|

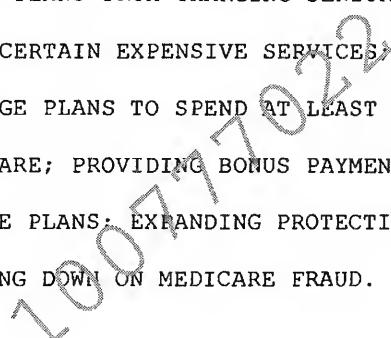
ATTACHMENT 2 (CONT'D)

PATIENT PROTECTION AND AFFORDABLE CARE ACT.

P.L. 111-148 INCLUDED THE FOLLOWING KEY PRIORITIES OF THE NATIONAL COMMITTEE FOR MEDICARE: ELIMINATING THE PART D "DONUT HOLE"; PROVIDING A \$250 PAYMENT TO ANY SENIOR WHO FALLS INTO THE "DONUT HOLE" IN 2010; PROVIDING A 50 PERCENT DISCOUNT FOR BRAND NAME DRUGS ALONG WITH ADDITIONAL DISCOUNTS FOR GENERIC DRUGS DURING THE "DONUT HOLE" PHASE-OUT PERIOD; MODIFYING PROVIDER PAYMENTS TO EXTEND THE SOLVENCY OF THE MEDICARE TRUST FUNDS BY A DECADE; COUNTING BOTH OUT-OF-POCKET SPENDING AND THE DRUG COMPANY DISCOUNT TOWARD DETERMINING THE THRESHOLD FOR CATASTROPHIC DRUG COVERAGE; SLOWING THE INCREASE IN THE DOLLAR AMOUNT WHERE CATASTROPHIC DRUG COVERAGE BEINGS; EXPANDING ACCESS TO PLANS WITH ZERO PREMIUMS FOR LOW-INCOME SENIORS; ALLOWING WIDOWS AND WIDOWERS TO MORE EASILY RETAIN THEIR LOW-INCOME ELIGIBILITY; IMPROVING OUTREACH AND INFORMATION FOR LOW-INCOME SENIORS AND OTHER PART D ENROLLEES; ELIMINATING CO-PAYMENTS FOR SENIORS IN HOME- AND COMMUNITY-BASED SETTINGS THAT ARE ELIGIBLE FOR BOTH MEDICARE AND MEDICAID; IMPROVING SENIORS' ACCESS TO IMPORTANT CLASSES OF DRUGS THROUGH THE PART D PROGRAM; CREATING NEW PENALTIES FOR FALSE OR MISLEADING MARKETING OR ENROLLMENT OF INDIVIDUALS IN PART D PLANS; ELIMINATING COST-SHARING FOR PROVEN PREVENTIVE SERVICES IN MEDICARE; PROVIDING A FREE ANNUAL COMPREHENSIVE ANNUAL WELLNESS VISIT AND PERSONALIZED PREVENTION PLAN FOR ALL MEDICARE BENEFICIARIES; IMPROVING SENIOR'S ACCESS TO PRIMARY CARE BY

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ATTACHMENT 2 (CONT'D)

PROVIDING BONUS PAYMENTS TO PRIMARY CARE PROVIDERS; ESTABLISHING INITIATIVES TO ENCOURAGE THE DEVELOPMENT OF A MORE EFFICIENT HEALTH CARE DELIVERY SYSTEM, ESPECIALLY FOR SENIORS WITH MULTIPLE CHRONIC CONDITIONS; PROVIDING TRANSITION SERVICES TO HIGH-RISK MEDICARE BENEFICIARIES UPON HOSPITAL DISCHARGE; ENCOURAGING HOSPITALS TO REDUCE AVOIDABLE READMISSIONS AND HOSPITAL-ACQUIRED INFECTIONS; PHASING DOWN SUBSIDIES FOR MEDICARE ADVANTAGE PLANS AND THEREBY REDUCING MEDICARE PREMIUMS FOR ALL BENEFICIARIES; PROHIBITING MEDICARE ADVANTAGE PLANS FROM CHARGING SENIORS MORE THAN TRADITIONAL MEDICARE FOR CERTAIN EXPENSIVE SERVICES;  
REQUIRING ALL MEDICARE ADVANTAGE PLANS TO SPEND AT LEAST 85 PERCENT OF REVENUE ON SENIOR CARE; PROVIDING BONUS PAYMENTS TO HIGH-QUALITY MEDICARE ADVANTAGE PLANS; EXPANDING PROTECTIONS FOR VULNERABLE SENIORS; AND CRACKING DOWN ON MEDICARE FRAUD.

IN ADDITION TO THE SIGNIFICANT MEDICARE CHANGES, THE NATIONAL COMMITTEE ADVOCATED FOR THE FOLLOWING PROVISIONS, ALSO INCLUDED IN P.L. 111-148, WHICH BENEFIT OLDER AMERICANS APPROACHING RETIREMENT: CREATING A TEMPORARY REINSURANCE POOL TO HELP OFFSET THE COSTS OF EXPENSIVE HEALTH CLAIMS FOR OLDER WORKERS; LIMITING THE AGE RATING RATIO OF HEALTH INSURANCE PREMIUMS TO 3:1; PROVIDING HIGHER THRESHOLDS FOR THE EXCISE TAX APPLYING TO HIGH COST EMPLOYER PROVIDED PLANS FOR COMPANIES WITH AN OLDER WORKFORCE; CREATING A NEW, VOLUNTARY SELF-FUNDED LONG-TERM CARE INSURANCE PROGRAM KNOWN AS THE COMMUNITY LIVING ASSISTANCE

Schedule O (Form 990 or 990-EZ) 2010

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|--|--|
| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL<br>SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
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ATTACHMENT 2 (CONT'D)

SERVICES AND SUPPORT PROGRAM (CLASS ACT).

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION -

THE NATIONAL COMMITTEE PRODUCED SUBSTANTIAL BACKGROUND AND ADVOCACY MATERIAL SUPPORTING THESE PRIORITIES, INCLUDING WRITTEN MATERIAL, VIDEOS, BLOG POSTINGS ETC. THE MATERIAL WAS WIDELY DISSEMINATED TO THE PUBLIC AND CONGRESSIONAL OFFICES AND POSTED ON OUR AWARD-WINNING WEBSITE WWW.NCPSSM.ORG. THE NATIONAL COMMITTEE LEADERSHIP AND STAFF SPONSORED OR PARTICIPATED IN SCORES OF PUBLIC EVENTS, INCLUDING WIDELY ATTENDED CONFERENCES AND EVENTS, AS WELL AS POLICY BRIEFINGS ON CAPITOL HILL.

THE NATIONAL COMMITTEE HAS ALSO BEEN ACTIVE IN ADVOCATING FOR A PAYMENT TO SENIORS IN LIEU OF A COST-OF-LIVING ADJUSTMENT (COLA) IN THEIR SOCIAL SECURITY BENEFITS. BENEFICIARIES DID NOT RECEIVE A COLA IN 2010 OR 2011 AS A RESULT OF THE RECESSION, DESPITE THEIR HIGHER HEALTH CARE OUT-OF-POCKET COSTS.

DURING THIS PERIOD, THE NATIONAL COMMITTEE HAS ALSO ADVOCATED IN SUPPORT OF SUFFICIENT FUNDING FOR THE SOCIAL SECURITY ADMINISTRATION. IN ADDITION, WE HAVE BEEN ACTIVE PARTICIPANTS IN NUMEROUS PROJECTS TO IMPROVE THE PRIVATE PENSION SYSTEM IN WAYS THAT WOULD ENHANCE RETIREMENT SECURITY.

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|---|--|
| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
|---|--|

ATTACHMENT 3 (CONT'D)

THE NATIONAL COMMITTEE HAS HAD AN ACTIVE GRASSROOTS ADVOCACY EFFORT THROUGH THIS PERIOD, DELIVERING PETITIONS TO CAPITOL HILL, GENERATING LETTERS FROM NATIONAL COMMITTEE MEMBERS AND SUPPORTERS IN SUPPORT OF SOCIAL SECURITY AND MEDICARE, AND ORGANIZING VOLUNTEERS TO SPEAK ON BEHALF OF THE NATIONAL COMMITTEE IN A WIDE RANGE OF EVENTS. WE CONTINUED OUR EFFORTS TO COMMUNICATE DIRECTLY WITH OUR MEMBERS AND SUPPORTERS THROUGH PARTICIPATION AND SPONSORSHIP OF PUBLIC EVENTS ACROSS THE NATION AND THROUGH OUR NEWSLETTERS, E-MAIL CAMPAIGNS, AND DIRECT MAIL PROGRAMS

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AZ, AR, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA,

MN, MS, NH, NJ, NY, NC, OH, OK, OR, PA,

SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS   | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| BURCH MUNFORD DIRECT<br>901 N WASHINGTON STREET, SUITE 300<br>ALEXANDRIA, VA 22314 | FUNDRAISING COUNSEL     | 1,685,904.   |

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|   |  |
|---|--|
| Name of the organization<br>NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE | Employer identification number<br>52-1312579 |
| <u>ATTACHMENT 5 (CONT'D)</u>  |  |

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u>      |
|--|--------------------------------|--------------------------|
| DATA CENTER<br>11200 WAPLES MILL ROAD, SUITE 100<br>FAIRFAX, VA 22030          | DATABASE MAINTENANCE           | 752,036.                 |
| OCE BUSINESS SERVICES, INC<br>855 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10001 | MAIL AND PHOTOCOPY             | 203,504.                 |
| PALMETTO GROUP<br>1250 EYE STREET NW, SUITE 1250<br>WASHINGTON, DC 20005       | OPERATIONS                     | 228,000.                 |
| <b>TOTAL COMPENSATION</b>  |                                | <b><u>2,869,444.</u></b> |

ATTACHMENT 6FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u>          | <u>ENDING BOOK VALUE</u>  | <u>COST OR FMV</u> |
|-----------------------------|---------------------------|--------------------|
| U.S. GOVERNMENT OBLIGATIONS | 9,083,471.                | FMV                |
| CORPORATE OBLIGATIONS       | 2,010,468.                | FMV                |
| MUTUAL FUNDS                | 7,731,551.                | FMV                |
| <b>TOTALS</b>               | <b><u>18,825,490.</u></b> |                    |

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SECURITY AND MEDICARE  
NATIONAL COMMITTEE TO PRESERVE SOCIAL

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990.
- See separate Instructions.

**2010**  
Open to Public  
Inspection  
Employer identification number  
52-11312579

**Part I**

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) _____   | _____                   | _____  | _____               | _____                     | _____                            |
| (2) _____   | _____                   | _____  | _____               | _____                     | _____                            |
| (3) _____   | _____                   | _____  | _____               | _____                     | _____                            |
| (4) _____   | _____                   | _____  | _____               | _____                     | _____                            |
| (5) _____   | _____                   | _____  | _____               | _____                     | _____                            |
| (6) _____   | _____                   | _____  | _____               | _____                     | _____                            |

**Part II**

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

| (a)<br>Name, address, and EIN of related organization                      | (b)<br>Primary activity    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|--|----------------------------|--|----------------------------|---|----------------------------------|--|
| (1) NCPSSM FOUNDATION<br>10 G STREET NE, SUITE 600<br>WASHINGTON, DC 20002 | 20-8742654<br>RESEARCH/EDU | DC   | 501(C) (3)                 | 509 (A) (3)   | N/A                              | Yes  |
| (2) NCPSSM - PAC<br>10 G STREET, NE, SUITE 600<br>WASHINGTON, DC 20002     | 33-0174063<br>PAC          | DC   | 527                        | N/A   | N/A                              | No   |
| (3) _____  | _____                      | _____  | _____                      | _____   | _____                            | _____  |
| (4) _____  | _____                      | _____  | _____                      | _____   | _____                            | _____  |
| (5) _____  | _____                      | _____  | _____                      | _____   | _____                            | _____  |
| (6) _____  | _____                      | _____  | _____                      | _____   | _____                            | _____  |
| (7) _____  | _____                      | _____  | _____                      | _____   | _____                            | _____  |

For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2010

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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disregarded<br>entity? _____ | (i)<br>Code (L-UBI)<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---------------------------------------|-------------------------------------|--|---|--------------------------------|
| (1) _____   |                         |  |                                     |   |                                 |                                       | Yes                                 |  | Yes                                       |                                |
| (2) _____   |                         |  |                                     |   |                                 |                                       | No                                  |  | No  |                                |
| (3) _____   |                         |  |                                     |   |                                 |                                       |                                     |  |   |                                |
| (4) _____   |                         |  |                                     |   |                                 |                                       |                                     |  |   |                                |
| (5) _____   |                         |  |                                     |   |                                 |                                       |                                     |  |   |                                |
| (6) _____   |                         |  |                                     |   |                                 |                                       |                                     |  |   |                                |
| (7) _____   |                         |  |                                     |   |                                 |                                       |                                     |  |   |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp., S corp.,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) _____   |                         |   |                                     |  |                              |                                    |                             |
| (2) _____   |                         |   |                                     |  |                              |                                    |                             |
| (3) _____   |                         |   |                                     |  |                              |                                    |                             |
| (4) _____   |                         |   |                                     |  |                              |                                    |                             |
| (5) _____   |                         |   |                                     |  |                              |                                    |                             |
| (6) _____   |                         |   |                                     |  |                              |                                    |                             |
| (7) _____   |                         |   |                                     |  |                              |                                    |                             |

**Part V****Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties or (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to other organization(s) .....
- c Gift, grant, or capital contribution from other organization(s) .....
- d Loans or loan guarantees to or for other organization(s) .....
- e Loans or loan guarantees by other organization(s) .....
- f Sale of assets to other organization(s) .....
- g Purchase of assets from other organization(s) .....
- h Exchange of assets .....
- i Lease of facilities, equipment, or other assets to other organization(s) .....
- j Lease of facilities, equipment, or other assets from other organization(s) *✓ 60077702*
- k Performance of services or membership or fundraising solicitations for other organization(s) .....
- l Performance of services or membership or fundraising solicitations by other organization(s) .....
- m Sharing of facilities, equipment, mailing lists, or other assets .....
- n Sharing of paid employees .....
- o Reimbursement paid to other organization for expenses .....
- p Reimbursement paid by other organization for expenses .....
- q Other transfer of cash or property to other organization(s) .....
- r Other transfer of cash or property from other organization(s) .....

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (1)                               |                                  |                        |   |
| (2)                               |                                  |                        |   |
| (3)                               |                                  |                        |   |
| (4)                               |                                  |                        |   |
| (5)                               |                                  |                        |   |
| (6)                               |                                  |                        |   |

**Part VI****Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Are all partners<br>section<br>501(c)(3)<br>organizations?<br>Yes      No | (e)<br>Share of<br>end-of-year<br>assets | (f)<br>Disproportionate<br>allocations?<br>Yes      No | (g)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (h)<br>General or<br>managing<br>partner?<br>Yes      No |
|---|-------------------------|--|--|--|--|---|--|
|   |                         |  |  |  |  |   |  |
| (1)                                     |                         |  |  |  |  |   |  |
| (2)                                     |                         |  |  |  |  |   |  |
| (3)                                     |                         |  |  |  |  |   |  |
| (4)                                     |                         |  |  |  |  |   |  |
| (5)                                     |                         |  |  |  |  |   |  |
| (6)                                     |                         |  |  |  |  |   |  |
| (7)                                     |                         |  |  |  |  |   |  |
| (8)                                     |                         |  |  |  |  |   |  |
| (9)                                     |                         |  |  |  |  |   |  |
| (10)                                    |                         |  |  |  |  |   |  |
| (11)                                    |                         |  |  |  |  |   |  |
| (12)                                    |                         |  |  |  |  |   |  |
| (13)                                    |                         |  |  |  |  |   |  |
| (14)                                    |                         |  |  |  |  |   |  |
| (15)                                    |                         |  |  |  |  |   |  |
| (16)                                    |                         |  |  |  |  |   |  |

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**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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